| DMV Technician: La Hunge                |                                       | Positio         | n: Dor                                  | 2                           | ov. cho. we |
|---|---------------------------------------|-----------------|---|-----------------------------|-------------|
| Station: Douge                          | Date: 9-12-                           | Time:           | 1:2                                     | 5                           |             |
| Vehicle Make: Cweyn                     | Model (                               | 1/              | Year                                    | V/4 A - F H   T   Laborator |             |
| GVWR: Fuel Type:                        | 6                                     | Registration Nu | ımber:                                  | 948                         | 150         |
| Auditor: Dossert (circle one)           |                                       |                 |   |                             |             |
|   |                                       |                 |   |                             |             |
|   |                                       |                 | YES                                     | NO                          | N/A         |
| 1. Did technician check vehicle paper   | work and verify                       | VIN number?     |   |                             |             |
| 2. Was Emissions testing required?      |                                       |                 | -                                       |                             |             |
| a) Was Emissions testing performed      | using OBD?                            |                 | -                                       |                             |             |
| b) Was Emissions testing performed      |                                       | Probe?          |   | _                           |             |
| c) Was Emissions testing performed      |                                       |                 |   | /                           |             |
| d) Was Emissions testing performed      |                                       |                 |   | -                           |             |
| 3. Was Catalytic Converter inspection   |                                       |                 |   |                             |             |
| a) Was Catalytic Converter inspection   |                                       |                 |   |                             |             |
| 4. Was Fuel Tank pressure testing req   |                                       |                 |   | L                           |             |
| a) Was Fuel Tank pressure testing pe    |                                       |                 |   |                             |             |
| 5. Was Fuel Cap pressure testing requ   |                                       | 2               |   | _                           |             |
| a) Was Fuel Cap pressure testing per    |                                       |                 |   |                             | _           |
| 6. Is this test a Re-check from a prior |                                       |                 |   |                             |             |
| a) Which re-check test is being perfe   | ormed? 1 2 3 (                        | circle one)     |   |                             | _           |
| b) If this is re-check #3, was repair p |                                       |                 |   |                             | _           |
|   |                                       |                 |   |                             |             |
| New Castle and Kent Counties Only       |                                       |                 |   |                             |             |
| 7. Was Two-Speed Idle testing require   | d?                                    |                 |   | _                           |             |
| a) Was Two-Speed Idle testing perform   | rmed?                                 | 27              |   |                             |             |
|   |                                       |                 |   |                             |             |
| Sussex County Only                      |                                       |                 |   |                             |             |
| 8. Was Curb Idle testing required?      |                                       |                 |   | _                           |             |
| a) Was Curb Idle testing performed?     |                                       |                 |   |                             |             |
|   |                                       | W               | 100 100 100 100 100 100 100 100 100 100 |                             |             |
| Comment:                                |                                       |                 |   |                             |             |
|   |                                       |                 |   |                             |             |
|   | V V V V V V V V V V V V V V V V V V V |                 |   |                             |             |
|   |                                       |                 | 3                                       |                             |             |
|   |                                       |                 |   |                             |             |
| Lane Supervisor Signature:              |                                       |                 |   |                             |             |

| DMV Technician: Sysvia Weller                              | 5 01 1   | Position       | Position: 1 or 2 |   |                 |
|--|--|----------------|------------------|---|-----------------|
| Station: Dover   | Date://2//4 Time: /:/7                               |                |                  |   |                 |
| Vehicle Make: [ wzvy                                       | Model TAK  | 106            | Year 2007        |   |                 |
| GVWR: 7300 Fuel Type:                                      | GVWR: 7300 Fuel Type: G Registration Number: 7287322 |                |                  | 322   |                 |
| Auditor: Dasser  | 9  | Covert / Overt | (circle          | one)  |                 |
|  |  | 7              |                  |   |                 |
|  |  |                | YES              | NO  | N/A             |
| 1. Did technician check vehicle paper we                   | ork and verify V                                     | /IN number?    |                  |   |                 |
| 2. Was Emissions testing required?                         |  |                |                  |   |                 |
| a) Was Emissions testing performed u                       |  |                |                  |   |                 |
| b) Was Emissions testing performed u                       |  |                |                  |   |                 |
| c) Was Emissions testing performed u                       |  |                |                  | _   |                 |
| d) Was Emissions testing performed u                       |  |                |                  | _   |                 |
| 3. Was Catalytic Converter inspection                      |  |                |                  |   | MANAGESTE STEEL |
| <ul> <li>a) Was Catalytic Converter inspection</li> </ul>  |  |                |                  |   | -               |
| 4. Was Fuel Tank pressure testing requi                    | ired?  |                |                  |   | - ENVIOUS       |
| <ul> <li>a) Was Fuel Tank pressure testing perf</li> </ul> | formed?  |                |                  |   | -               |
| 5. Was Fuel Cap pressure testing require                   |  |                |                  | _   |                 |
| a) Was Fuel Cap pressure testing perfo                     | ormed?   |                |                  |   | -               |
| 6. Is this test a Re-check from a prior fair               |  |                |                  | -   |                 |
| a) Which re-check test is being perform                    | med? 1 2 3 (c  | ircle one)     |                  |   | -               |
| b) If this is re-check #3, was repair paper                | perwork verified                                     | d for waiver?  |                  |   |                 |
|  |  |                |                  |   |                 |
| New Castle and Kent Counties Only                          |  |                |                  | -   |                 |
| 7. Was Two-Speed Idle testing required?                    | )  |                |                  |   | _               |
| a) Was Two-Speed Idle testing perform                      | ned?   |                |                  |   |                 |
|  | 1.36.00.100.000.000.000.000.000.000.000              |                |                  |   |                 |
| Sussex County Only   |  |                |                  |   |                 |
| 8. Was Curb Idle testing required?                         |  |                |                  | _   |                 |
| a) Was Curb Idle testing performed?                        |  |                |                  |   | _               |
|  |  |                |                  |   |                 |
| Comment:   | <del>x rear xigaren</del>                            |                |                  |   |                 |
|  |  |                |                  | - Pild-ill-ill-ill-ill-ill-ill-ill-ill-ill- |                 |
|  |  | 200            |                  |   |                 |
|  |  |                | - W              |   |                 |
|  |  |                |                  |   |                 |
| Lane Supervisor Signature:                                 |  |                |                  |   |                 |

| WONTMAN   |                            |            |  |
|---|----------------------------|------------|--|
| DMV Technician: Sieve Woods                             | Position: Por 2            |            |  |
| Station: Dover Date: 9-/2-                              |                            | 101        |  |
| Vehicle Make: ToyorA Model Avas                         | Year 445                   |            |  |
| GVWR: Fuel Type: 4                                      | Registration Number: 44    |            |  |
| Auditor: Dosserv  | Covert / Overt (circle one | e)         |  |
|   |                            | - <b>-</b> |  |
|   | YES NO                     | ) N/A      |  |
| 1. Did technician check vehicle paper work and verify   | VIN number?                |            |  |
| 2. Was Emissions testing required?                      | _                          |            |  |
| a) Was Emissions testing performed using OBD?           |                            | -1         |  |
| b) Was Emissions testing performed using Analyzer       | Probe?                     |            |  |
| c) Was Emissions testing performed using Paddle(s)?     | ?                          |            |  |
| d) Was Emissions testing performed using Clip?          |                            |            |  |
| 3. Was Catalytic Converter inspection required?         | _                          |            |  |
| a) Was Catalytic Converter inspection performed?        |                            |            |  |
| 4. Was Fuel Tank pressure testing required?             | -                          | ===        |  |
| a) Was Fuel Tank pressure testing performed?            |                            | -          |  |
| 5. Was Fuel Cap pressure testing required?              |                            |            |  |
| a) Was Fuel Cap pressure testing performed?             | · ·                        | -          |  |
| 6. Is this test a Re-check from a prior failure?        |                            | -          |  |
| a) Which re-check test is being performed? 1 2 3 (c     | circle one)                | _          |  |
| b) If this is re-check #3, was repair paperwork verifie |                            | -          |  |
|   |                            |            |  |
| New Castle and Kent Counties Only                       |                            |            |  |
| 7. Was Two-Speed Idle testing required?                 | ~                          |            |  |
| a) Was Two-Speed Idle testing performed?                |                            |            |  |
| A   |                            |            |  |
| Sussex County Only                                      |                            | 0.5        |  |
| 8. Was Curb Idle testing required?                      |                            |            |  |
| a) Was Curb Idle testing performed?                     |                            |            |  |
| <u> </u>  |                            |            |  |
| Comment:  |                            |            |  |
|   |                            |            |  |
| W   |                            |            |  |
|   | 8                          |            |  |
|   |                            |            |  |
| Lane Supervisor Signature:                              |                            |            |  |

| DMV Technician: Joe Riccio Positio                                   | n: 1 or                    | 2    |               |
|--|----------------------------|------|---------------|
| Station: Daver Date: 9-12-14 Time:                                   | 1:3                        | 0    |               |
| Vehicle Make: Tayora Model Avacon                                    | Year                       | 199  | 5             |
| GVWR: Fuel Type: G Registration N                                    |                            |      |               |
| Auditor: Covert / Overt  | (circle                    | one) |               |
|  |                            |      |               |
|  | YES                        | NO   | N/A           |
| 1. Did technician check vehicle paper work and verify VIN number?    | _                          |      |               |
| 2. Was Emissions testing required?                                   |                            |      |               |
| a) Was Emissions testing performed using OBD?                        |                            |      | -             |
| b) Was Emissions testing performed using Analyzer Probe?             |                            |      | -             |
| c) Was Emissions testing performed using Paddle(s)?                  |                            |      | -             |
| d) Was Emissions testing performed using Clip?                       |                            |      | _             |
| 3. Was Catalytic Converter inspection required?                      | 30<br>30528534711407479844 | -    |               |
| a) Was Catalytic Converter inspection performed?                     |                            |      | -             |
| 4. Was Fuel Tank pressure testing required?                          |                            |      |               |
| a) Was Fuel Tank pressure testing performed?                         |                            |      |               |
| 5. Was Fuel Cap pressure testing required?                           |                            |      |               |
| a) Was Fuel Cap pressure testing performed?                          |                            |      |               |
| 6. Is this test a Re-check from a prior failure?                     |                            |      |               |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                            |      | _             |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                            |      | _             |
|  |                            |      |               |
| New Castle and Kent Counties Only                                    |                            |      |               |
| 7. Was Two-Speed Idle testing required?                              |                            | _    |               |
| a) Was Two-Speed Idle testing performed?                             |                            |      | _             |
|  |                            |      |               |
| Sussex County Only   |                            |      |               |
| 8. Was Curb Idle testing required?                                   |                            | _    |               |
| a) Was Curb Idle testing performed?                                  |                            |      |               |
|  |                            |      |               |
| Comment:   |                            | ,    | Maria William |
|  |                            |      |               |
|  |                            |      |               |
|  |                            |      |               |
|  |                            |      |               |
| Lane Supervisor Signature:   | -Water-                    |      |               |